

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035278
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55

Primary Registration District No. 301158H

Registrar's No. 98

FILED SEP 19 1963

VS 300
Rev. 4/59

1 0171
2 0170
3 1
4 0
5 1
6
7 0
8 0
9 420.1
10
11
12 1-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CARROLLTON</u>		c. CITY OR TOWN <u>Carrollton</u>	
Length of stay in 1b <u>3 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carroll Mem. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R7D</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Gordon</u> Last <u>Miller</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-26-08</u>
9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR: Months <u>55</u> Days <u>55</u> Hours <u>55</u> Min. <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	
11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James T. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Gertrude Henderson</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Miller</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO. <u>770 Mrs. Ruth Miller, Carrollton, Mo.</u>		17. INFORMANT Address <u>770 Mrs. Ruth Miller, Carrollton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>ventricular tachycardia</u> DUE TO (c) <u>46 hrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>diabetes mellitus; 16 yrs muscular dystrophy</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>11:45</u> a.m. <u>11:45</u> p.m. <u>11:45</u>		Month, Day, Year <u>Sept 6 1963</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm; factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Sept 6 1963</u> to <u>6 Sept 63</u> and last saw him/her alive on <u>6 Sept 63</u> Death occurred at <u>11:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. Warren Allen MD</u>		22b. ADDRESS <u>Carrollton Mo</u>	
22c. DATE SIGNED <u>7 Sept 63</u>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sep 8, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Van Horn Cemetery</u>		23d. LOCATION (City, town, or county) <u>Boonville, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Dickerson-Rice, Boonville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 10-63</u>	
26. REGISTRAR'S SIGNATURE <u>Mary Dean</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Samuel M. Rice

Licensed Embalmer No. 5087

P. O. Address Bogard, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.